

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 587115

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			1			
4			1			
5			1			
6	5		1			
7	1		1			
8	1		1			
9	1		1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16	1		1			
17	1		1			
18	1		1			
19	5		1			
20	5		1			
21	5		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
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47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	62	←	30	←	←	
TOTAL CLAIMS	63		31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS						